

EXHIBITS

TO

STATE SOLICITOR'S

REPORT REGARDING

DR. EARL BRADLEY

DATED: May 17, 2010

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EXHIBIT 1

JUDICIAL COMMISSION
 BOARD OF PLOT COMMISSIONERS
 BOARD OF ACCOUNTANCY
 REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
 BOARD OF EXAMINERS OF ARCHITECTS
 BOARD OF CHIROPRACTIC EXAMINERS
 BOARD OF COSMETOLOGY & BARBERING
 BOARD OF DENTAL EXAMINERS
 BOARD OF MEDICAL PRACTICE
 BOARD OF NURSING
 BOARD OF EXAMINERS IN OPTOMETRY
 BOARD OF PHARMACY
 EXAMINING BOARD OF PHYSICAL THERAPY
 BOARD OF PODIATRY
 BOARD OF ADULT ENTERTAINMENT
 COUNCIL ON REAL ESTATE APPRAISERS
 GOVERNOR'S MAGISTRATE
 SCREENING COMMITTEE



STATE OF DELAWARE
 DIVISION OF PROFESSIONAL REGULATION
 CANNON BUILDING, SUITE 203
 P.O. BOX 1401
 DOVER, DELAWARE 19803

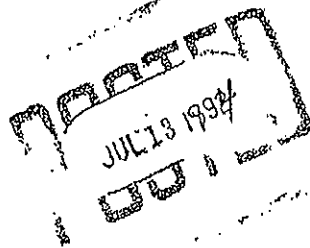
ATHLETIC COMMISSION
 GAMING CONTROL BOARD
 BOARD OF REGISTRATION GEOLOGISTS
 BOARD OF LANDSCAPE ARCHITECTURE
 DEADLY WEAPONS DEALERS
 BOARD OF EXAMINERS OF PSYCHOLOGISTS
 BOARD OF FUNERAL SERVICES
 BOARD OF VETERINARY MEDICINE
 BOARD OF EXAM. OF NURSING HOME ADMIN.
 BOARD OF EXAM. OF SPEECH PATHOLOGY & AUDIOLOGY
 BOARD OF SOCIAL WORK EXAMINERS
 BOARD OF PROFESSIONAL COUNSELORS OF MENTAL HEALTH
 BOARD OF OCCUPATIONAL THERAPY
 PHYSICIAN ASSISTANT ADVISORY COUNCIL
 COMMITTEE ON MASSAGE/ BODYWORK PRACTICE

OFFICE OF THE
 DIRECTOR

TELEPHONE: (302) 739-4522
 FAX: (302) 739-2711

July 1, 1994

Cindy Warner, Administrative Assistant
 Pennsylvania State Board of Medicine
 P. O. Box 2649
 Harrisburg, Pennsylvania 17105-2649



Dear Ms. Warner:

We have received the enclosed complaint, filed by a Pennsylvania resident against Earl Brian Bradley, M.D., a physician licensed in Pennsylvania (031715E) and recently licensed in Delaware. Because of the major problems that would be involved if we were to try to conduct an investigation in your jurisdiction, I am writing to see if you have any complaints, investigations or actions against Dr. Earl Bradley that you can tell us about.

I understand that your operations have recently been disrupted by a fire, and my repeated attempts to telephone you have all failed to get even an answering machine, so I must resort to this written request. If you would care to telephone me at 302-739-4522 ext. 213 I should welcome an opportunity to discuss the matter with you.

Sincerely,

E. Wayne Martz, M.D.
 Executive Director
 Delaware Board of Medical Practice

EWM/rsv

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EXHIBIT 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

LEGAL OFFICE
PROSECUTION DIVISION
(717) 783-7200
Fax: (717) 772-1892

124 PINE STREET
P.O. BOX 2649
HARRISBURG, PA
17105-2649

April 7, 1995

E. Wayne Martz, M.D., Executive Director
Delaware Board of Medical Practice
Division of Professional Regulation
P. O. Box 1401
Dover, DE 19903

Re: Earl B. Bradley, M.D.
File No. 94-49-01675

Dear Dr. Martz:

The Pennsylvania Medical Board's Administrative Assistant forwarded your July 1, 1994 correspondence regarding Dr. Bradley. The Prosecutions Office of the Bureau of Professional and Occupational Affairs and the Law Enforcement Division conducted an investigation in this matter.

The Bureau's Chief of Law Enforcement, Stephen Cerutti, contacted personnel in your state regarding this matter.

After review and investigation, this office has decided not to proceed with prosecution at this time. Accordingly, the complaint filed by [REDACTED] against Dr. Bradley is being closed at this time.

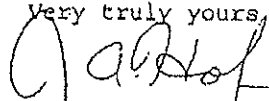
However, as in all cases, we reserve the right to reopen this matter at our discretion if additional information on this case becomes available.

Kindly apprise this office of the outcome of this complaint in Delaware. Please inform me if any disciplinary action is taken against Dr. Bradley regarding this complaint or any other matter.

E. Wayne Martz, M.D.,
Page 2
April 7, 1995

Thank you for your cooperation in this matter. If you have any questions regarding this or any other matter, please feel free to contact me.

Very truly yours,



James A. Holzman
Prosecuting Attorney
Commonwealth of Pennsylvania
Bureau of Professional and
Occupational Affairs

JAH/smd

cc: Stephen R. Cerutti, Chief
Law Enforcement Division
Bureau of Professional and Occupational Affairs

DATE: July 20, 1994

COMMONWEALTH OF PENNSYLVANIA
Assignment #944901675A

SUBJECT: Bradley, Earl Brian (MD-031715-E)

██████████
Philadelphia, Pa. ██████████

TO: ██████████
Chief, Law Enforcement

FROM: ██████████
P.C.I. #640

ORIGIN AND DETAILS OF COMPLAINT:

On June 28, 1994, the Complaints Office received a letter from ██████████ alleging that the Respondent had sexually molested her 21 month old daughter, ██████████ during an office visit, on June 17, 1994.

INTERVIEWS AND INTERROGATIONS:

Complainant - ██████████ was interviewed inside her residence at ██████████ on July 7, 1994, and she related the following:

The Respondent has been her daughter's pediatrician since birth and she estimates that ██████████ 21 months old, has seen him about 15 to 20 times during that period.

At 7:30PM 6-17-94, she and her fiancé, ██████████ (father of ██████████) took her to the office for a follow up examination of an ear infection. After the treatment, she and ██████████ remained in the examination room, while ██████████ asked to see "Barney", a large stuffed dinosaur in a side room with other children's toys, which was a standard request by the child on all her office visits, and as usual the doctor took her to see Barney. Stated that she does not know why, but moments later she became suspicious and went to the side room which was empty, and then she looked down the hall and in the doorway of a darkened room, she observed the Respondent facing her daughter with his hand down the front of her diaper. Stated that she shouted "Excuse me, what the hell are you doing, you bastard," and quickly grabbed ██████████. At this point ██████████ appeared and said "Let's get out of here". In the meantime, she stated the doctor was telling her to think about what she thought she saw, and that he had just taken her to that room to introduce her to two of his own children. Stated that she ██████████ never entered the room and does not know if there were any other kids in there.

Stated that the doctor followed them out into the parking lot, again telling her to think about what she thought she

had seen occur. Stated that she told him that she was going to report him to police, and they went across the street (diagonally) to the 8th Police District. Stated that she was unaware that [REDACTED] went back to the doctor's office while she was at the police station, reporting the incident.

Stated that the case was assigned to an Officer [REDACTED] and after an interview at the Sex Crimes Unit, the three of them were transported to Jefferson Hospital, where [REDACTED] was to be examined for signs of sexual abuse. Stated that this was about 11 or 11:30PM, and after waiting for a long time, she decided the best thing for the child would be to take her home. She was not examined.

She went on to say that she has suspected Dr. Bradley for some time although she could not point to anything specific that aroused this suspicion, except for the fact that there was never a nurse or receptionist present. At this point, she was asked why they continued to take their child to him if her suspicions were so strong. She answered, "Because he is so good with [REDACTED] and [REDACTED] likes him very much".

Stated that they had been aware that he was moving to Delaware and she felt it necessary to contact the Delaware Medical Board and advise them what kind of doctor they were getting. Stated that she spoke with a Dr. Martz.

[REDACTED] was interviewed 7-13-94, and related the following:

Stated that he did not witness the incident and only heard [REDACTED] yelling at the doctor, and he immediately ushered her and [REDACTED] out of the office. Stated the doctor followed them to the parking lot saying something about [REDACTED] should really think about what she thought she saw. Stated they went across the street to report it at the 8th Police District, and that unknown to [REDACTED], he went back to the doctor's office to try to find out what happened.

Stated that when he entered, the doctor was on the phone at the receptionist's desk and the doctor's two children were present. Stated that he tried to find out what really happened and told him that [REDACTED] was reporting him. Stated the doctor denied everything, and began to explain an incident in the past where [REDACTED] had asked him (Bradley) to examine [REDACTED] genital area for any signs of abuse, saying that [REDACTED] told him that [REDACTED] family was involved in satanism and wanted her checked. Stated that it was about at this point that the doctor grabbed a screwdriver that was on the desk and fearing he might use it as a weapon, [REDACTED] tried to push the desk up against the doctor. At this point, a man entered the office and he decided to leave and join [REDACTED] at the police station. He was asked if [REDACTED] was his biological child. He answered yes, adding that her last name was changed from [REDACTED] to [REDACTED] by [REDACTED] because of a temporary breakup. When asked about [REDACTED] prior suspicion of Dr. Bradley, he stated he was aware of it,

but they continued to see him for the reasons given by [REDACTED]

[REDACTED] residence [REDACTED] was interviewed on [REDACTED] and stated that about 8:15PM on 6-17-94, she received a phone call from her friend, (Dr.) Earl Bradley, who related the incident to her and was asking her advice. Stated she heard what sounded like a young man shouting at the doctor; she could not hear everything but heard him say something like, You're in big trouble, [REDACTED] going to ruin you. Because of the tone of voice of the man, she asked Dr. Bradley if he wanted her to call police for him, he answered yes. She hung up, told her fiancé, [REDACTED] to run to the doctor's office (five minutes away) to make sure he was all right, and called police to dispatch a car to the office at 10431F Academy Road.

[REDACTED] residence same as above, also interviewed on 7-7-94, stated upon his arrival he observed Dr. Bradley, his two children and a young man [REDACTED] who said to him, "Just stay the hell away from me", and left. He noted that a desk had been separated from the wall and the two children were both crying. He followed the man out the door and watched him cross the street and join a young lady and small child who were apparently waiting for him in the police parking lot. He stated that moments later a police car arrived at the doctor's office and it was at this point he observed the couple and child enter the police station.

Respondent - Dr. Earl Brian Bradley, residence [REDACTED] Although he still maintains this residence, he is currently living at [REDACTED] Lewes, Delaware 19958 and can be contacted at [REDACTED]

He was interviewed on 7-7-94 at his residence and again on 7-15-94, and related the following:

He opened his private pediatric office at 10431F Academy Road almost two years ago on a part time basis and not intended to be a typical profit motivated business, and dependent on his other sources of income. He more or less specialized in welfare and medical assistance patients. He offered this as an explanation why he could not afford an office staff. Stated the office consisted of four (4) rooms, 2 examining, 1 lab and 1 large recreation room, equipped with a large dollhouse, a TV/VCR and countless toys. It was set up in this manner so that his own four children who had to spend a lot of time there, would be amused. This room was also available to patients and their children.

On 6-17-94, [REDACTED] visit started out as normally as all her other visits with her requesting to see "Barney". He took her to the other exam room to see the dinosaur, leaving her parents as he always did. He showed her Barney and then she said "ball", obviously referring to a favorite ball that

she always played with. He then took her to the recreation room, which was semi-dark, as his children were viewing a Sleeping Beauty video at the time. He placed her standing in front of him in the doorway with her back to him, holding her for a moment so that she could orientate herself to the partial darkness and be able to see that she could play with his kids. At this point, [REDACTED] appeared in the hall shouting "Excuse me" and accused him of having his hand in her child's pants. He stated he asked her why she would say that and requested that she come into the room to see the situation as it really was, but she refused, grabbed the child and along with the father, walked out. Stated that he followed and asked her to think about what she saw, thinking that if she played it back in her mind, she would realize he did nothing wrong. She just ignored him.

He went back in his office, called his friend [REDACTED] and [REDACTED] returned moments later. He tried to explain to him, but [REDACTED] told him he did not care whether he did it or not, that [REDACTED] was going to ruin him. He related an incident to [REDACTED] in which [REDACTED] had requested him to examine [REDACTED] genital area, because of [REDACTED] family's association with satanism. He said [REDACTED] blew up and shoved the desk at him, separating it from the wall, which scared his children who were already crying. Moments later, his friend [REDACTED] arrived and [REDACTED] stormed out. The police arrived shortly thereafter, and he reported the disturbance to them.

Stated that initially he could not understand why these people would make such a horrendous accusation against him, as he had always been there for them and their child. Now that he has had time to reflect and discuss the incident with his friends, he feels that it may possibly have been an attempt at a shakedown of some sort, with them feeling that he was no longer of any use to them as he was moving his practice to Delaware, which they knew of well in advance. Stated that he cannot accept that [REDACTED] actually believes he did such a thing.

Stated that he would submit a detailed written response along with the child's medical records.

ACTION TAKEN:

Conducted the above interviews as stated and secured a written response from Dr. Bradely and the medical records of [REDACTED]

A physical examination of the Respondent's office at 10431F Academy Road, (now closed and vacant) on 7-7-94, revealed nothing useful to this investigation.

The Complainant was recontacted on 7-13-94, at which time she admitted asking the doctor to check [REDACTED] for signs of sexual abuse shortly after she was one year old. She stated

944901675A

that she did not use the term satanism, that she recalls describing [REDACTED] family to the doctor as "weird".

Philadelphia Police - Went to 8th District on 7-7-94 and reviewed both reports: Disturbance at 10431F Academy Road reported on DC#8-23112 and [REDACTED] complaint on DC#8-23113. I was advised in that the prior was a radio call and the latter a walk-in complaint, it can not be determined which was actually reported first.

Contacted Officer [REDACTED] Badge [REDACTED] Sex Crimes Unit, on 7-18-94, and he stated that he has concluded his investigation of the incident. He found the Complainant's statement not credible, her refusal to have the child examined at Jefferson Hospital an issue, and overall insufficient evidence to prosecute.

Contacted Dr. Wayne Martz, Director, Division of Professional Regulation, Dover, Delaware 19903, 302-739-4522, 7-15-94, and advised him of the status of this investigation. He expressed his appreciation in that he was only aware of the Complainant's version of the incident, which could possibly influence the Respondent's employment status.

REMARKS:

The whole complaint breaks down to one person's word against the other with no corroborating evidence. At the Complainant's request, no attempt was made to speak with the child.

It would seem that the Respondent's conclusion that this may have been an attempt at a shakedown is a distinct possibility when the statement of [REDACTED] is considered. His prompt appearance at the doctor's office may have interrupted a solicitation by [REDACTED]. Also his observation that [REDACTED] met [REDACTED] and the child in the police station parking lot and did not enter the building until after they saw the police car at the doctors office, and may have figured they were now forced to go through with it to cover their intent.

Also, it seems very strange that a mother, having made a complaint of sexual abuse against her child, would lack the patience to have the child examined at Jefferson Hospital.

Both [REDACTED] and [REDACTED] statements indicate Bradley's children were in fact present and it is hardly likely that he would molest a child with his own present in the room.

It is my belief that this complaint is totally unfounded.

CASE STATUS:

Investigation Completed.

To whom it may concern:

27 1994

6-20-94

I am writing to inform you about Dr. Carl B. Bradley who is on staff at the Granford Hospitals Tainesdale Division and also has his own private office in Phila. Pa. His address is 10431 Academy road, zip code, 19154. Dr. Bradley has been my daughter's pediatrician since birth. On Friday, June 17th, 1994, in his office on Academy Rd. I found him molesting my 21 month old daughter. Her name is [REDACTED]. I walked back to check on her after he was done examining her (my daughter). My fiance and I were talking in the examining room after he took her to see Barney in the next office. I stopped him (my fiance) to check on her. I went back to see what she was doing. This was only about 2 minutes after he left with her. Me and my fiance stay in the room and talk while Dr. Bradley plays with my daughter. This time, I left the room, walked down the hallway, and I could see him leaning over in front of the door to the back room. Not the room with Barney the dinosaur. I walked quickly and quietly because the room was dark where he had [REDACTED]. When I approached the doctor was facing and also leaning over my daughter with his right side to the door in the back room. He had his right, with his right hand, had her shorts pulled up, and his hand in her diaper to the front of my little girl's body. He was done examining her.

6-20-94

I stopped for a few seconds, not knowing how long. It was in total shock. I could not explain how I felt, just shock. I had to look for 3 or 4 seconds to make sure I was seeing what I was. It was what I saw. My daughter was holding a piece of paper. The doctor was leaning over her doing this. I yelled, I said excuse me? His hand jumped as he had did. I yelled things, bastard, was one thing I said. I called him a sick bastard. I was crying, My fiancée came out of the room where she was examined. He knew something was wrong. We were leaving the office and the doctor said "I was showing her to my kids". I called him a liar. He followed us out to the car and said to think about what I saw. I told him that I knew what I saw and my fiancée told me to get in the car. We reported it to everyone possible. The room where this occurred, the light was off but I could see them from the lights in the hall and the bathroom. The doctor's kids were not in view to me. I hadn't seen them at all. Previous to this, After one of her examinations I found him holding [REDACTED] in the bathroom cradling her as if she was a newborn child. She was 1 year of age at that time. I noticed then he was startled to see me pop up at the doorway of the bathroom.

6-20-94

About a month ago, Dr Bradley was playing with my daughter in the back room while me and my fiance were talking in the examining room. I heard [REDACTED] yell, I ran back and she was standing in front of him. I picked her up, asked her what was wrong. The doctor said "She was trying to get a ball out of the box". I was suspicious because I could see any ball. I told her we were leaving me left. There was never any nurses. His children were not there when the incident happened. No one is ever there to my knowledge, we are the last ones see him. We are the very last people see most of the time. No one arrived when he is done. Then, He Dr Bradley takes my daughter and plays with her. He was always very affectionate to me and my daughter. I watched him kiss and hug her several times. We were there up to a half hour some nights after she was seen. I thought he loved kids and was a very caring person. What could you think? I asked myself how this could happen. I want to do everything possible in my power to stop this man. I know what I saw. That is not up to me but up to the police and D.A. handling my case. The evidence is not back yet.

Sincerely, [REDACTED]

EXHIBIT 3

REGISTRATION FOR PROFESSIONAL LAND SURVEYORS
BOARD OF EXAMINERS OF ARCHITECTS
BOARD OF CHIROPRACTIC EXAMINERS
BOARD OF COSMETOLOGY & BARBERING
BOARD OF DENTAL EXAMINERS
BOARD OF MEDICAL PRACTICE
BOARD OF NURSING
BOARD OF EXAMINERS IN OPTOMETRY
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COUNCIL ON REAL ESTATE APPRAISERS
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SCREENING COMMITTEE



STATE OF DELAWARE
DIVISION OF PROFESSIONAL REGULATION

CANNON BUILDING, SUITE 203
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GAMING CONTROL BOARD
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MENTAL HEALTH
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PHYSICIAN ASSISTANT ADVISORY COUNCIL
COMMITTEE ON MASSAGE/
BODYWORK PRACTICE

OFFICE OF THE
DIRECTOR

TELEPHONE: (302) 739-4522
FAX: (302) 739-2711

May 8, 1995

James A. Holzman, Esq
Prosecution Division
124 Pine Street
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Mr. Holzman:

Thank you very much for your letter of April 7, 1995 regarding Earl B. Bradley, M.D., File Number 94-49-01675. The Delaware Board of Medical Practice at a regular meeting May 2, 1995 agreed to close the investigation prompted by the complaint of [REDACTED]. No further action is contemplated. Our current practice is that the investigative file will be incorporated into Dr. Bradley's permanent licensure file.

Thank you again for your help and understanding. As you well know, since the alleged infraction occurred in Pennsylvania, we were unable to do our own investigation. We relied on you, and you came through for us.

Sincerely

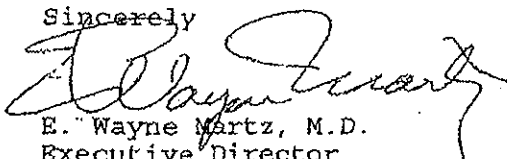

E. Wayne Mertz, M.D.
Executive Director
Board of Medical Practice

EXHIBIT 4

9/19/05

~1500

Meeting with [REDACTED] He reports that Dr. Bradley was a subject of rumors of inappropriate behavior ~ 8 yrs ago. He had Dr. [REDACTED] investigate. No records of the investigation or allegation were kept. Dr. [REDACTED] reportedly found no evidence of wrongdoing.

[REDACTED] was also aware of an allegation of inappropriate behavior prior to Dr. Bradley's coming on staff in Pennsylvania. [REDACTED] believes that this was found to be without substance. [REDACTED] is unaware of any records of the event or the institutional response to the knowledge.

[REDACTED] reported that in March the hospital received a subpoena regarding an investigation of Dr. Bradley. This was discussed with the hospital attorney [REDACTED]. [REDACTED] has the records of this. [REDACTED] collects no official institutional response to the substance of the allegation.

I reported to [REDACTED] that I have discussed the rumors with Dr. Bradley and sent him a letter documenting his requirements to inform the hospital of any investigation. I noted that Dr. Bradley states that he has no knowledge of a current investigation, that the events of the past were unsubstantiated and no formal action occurred. He reports that the events were determined to be malicious rumor spread by disgruntled employees and hospital staff and competing physicians. Dr. Bradley suspects similar motivation of this event.

I will seek the records of the past events. I will contact any leads from those records. If there is any legitimate cause for concern of patient safety, we will require a chaperon/witness for Dr. Bradley.

[REDACTED]

EXHIBIT 5

BEBBE MEDICAL CENTER

CONFIDENTIAL

Memorandum

TO: File

FROM: [REDACTED] Physician Services Coordinator

RE: Narrative of November 15 Meeting with [REDACTED]

DATE: November 18, 1996

On Friday, November 15, I received a telephone call from [REDACTED]. She was very concerned in wanting to talk to me as soon as possible. She stated she had issues that she could not and did not want to keep to herself in case something ever came of her concerns. An appointment was made for us to meet on Monday, November 18, at 8:30 AM. [REDACTED] expressed her concern about the number of straight catheterizations that were being performed on females seen in the office. She provided me with a list of names and the number of children that have had this procedure done in September and October of this year. [REDACTED] stated that she felt very uncomfortable in doing these procedures with Dr. Bradley because of her years of experience in working with other physicians who saw children ages infant and up and that these were not done as they are being done now.

The October list included diagnosis and she felt that they do not warrant straight catheterization procedures. I did ask her if she had read the office notes to see if there was justification and she said, "No, she had not". [REDACTED] also expressed that she feels that Dr. Bradley is always intent on checking females for labial adhesions when he feels the hole may be too small and it needs to be opened. He may do this by asking the children to get on their knees and put their elbows and head on the table and checks from that position. This would only be asked of children that would understand the request. When I asked the age range that the stated procedures were being performed on, [REDACTED] stated newborns through age twelve. [REDACTED] added that in catheterizing the children she felt embarrassed and concerned for the Mothers and the children because she would have to hold the child's legs apart and some would be screaming and most always crying. She stated that [REDACTED] August of 1996 stated to her that children should not be put through this kind of trauma and that she would not do this procedure.

CONFIDENTIAL

Physician Billing Department, in October of 1996 just questioned [redacted] as to the number of cath's that were being done because she had not seen this in any other of our physician practices.

In November of this year, [redacted] of Dr. [redacted] office blurted out in a staff meeting to [redacted] and to [redacted] that she had heard about our doctor, meaning Dr. Bradley; that Dr. [redacted] and [redacted] were seeing new patients that were previously seen by Dr. Bradley; and that the Mothers were complaining that they would take their child in to be seen for a cold and they would have to have a catheterization done.

Other concerns that [redacted] stated were that for physicals and even sports physicals Dr. Bradley requested that he wants them undressed. I asked [redacted] if all children were requested to be undressed and she said, "No, the females." Other concerns mentioned by [redacted] were that Dr. Bradley openly admits that he likes spending more time with the children if the Mother is good-looking. [redacted] concedes that he does spend more time in the room depending on the Mother's appearance. She recently recalls the patient that was seen for a cold. Dr. Bradley heard some wheezes, he then performed a peak-flow on the child and then stated that the child has asthma. The Mother stated that they had never had any problems before and had asked if this couldn't be just a cold. [redacted] stated that Dr. Bradley made the comment to [redacted] in the next room, that isn't it a shame that the child has asthma and the Mom's good-looking.

[redacted] also believes that he has made one Mother very uncomfortable by his actions and she no longer comes into the office without her husband. [redacted] stated that after the exam, Dr. Bradley would just stay in the room and watch her. I asked [redacted] to explain more and she said, "Dr. Bradley would not leave the room, he would just stay and watch her dress and prepare the child to exit the office and yes, the Mother was attractive."

[redacted] admitted that she does not want to jump to any conclusion but she is very concerned over his behavior with little girls. He picks them up and squeezes them and kisses them and she says, "sometimes excessively" and in this day and age she felt this was not right.

He has three little girls of his own and they are extremely withdrawn and that his wife is away most of the time. [redacted] says, "I just don't know what to think but knew that I could not keep this all to myself any more."

I thanked [redacted] for coming to me and I told her that I would go to [redacted] with these concerns:

CONFIDENTIAL

At about 10:00 AM on November 18, I met with [REDACTED] and went over the concerns that were mentioned to me by [REDACTED]. [REDACTED] suggested that these concerns go higher and we made an appointment with [REDACTED]. We were able to see [REDACTED] at approximately 10:30 AM on November 18. [REDACTED] and myself discussed the stated issues over with [REDACTED]. [REDACTED] then went to Human Resources and spoke with [REDACTED] on the very same day of November 18. Documentation was to be started by me, [REDACTED] to contact the American Academy of Pediatrics and another out of state pediatric practice or just another pediatric practice for guidelines pertaining to catheterizations and two other out the top twenty diagnosis for appearance sake. [REDACTED] was also going to speak with [REDACTED]. We all agreed that this was a highly sensitive and confidential matter.

[REDACTED]

attachments

c: [REDACTED] Vice President of Operations
[REDACTED] Physician Services Manager

EXHIBIT 6

BEEBE MEDICAL CENTER
MEMORANDUM

January 20, 1987

TO: FILE/Dr. Earl Bradley
FROM: [REDACTED] VP
Professional Affairs/Quality Commitment.
SUBJECT: INVESTIGATION AND RESOLUTION OF CONCERNS

On November 18, 1986, concerns were received concerning Dr. Bradley's practice in catheterizing children and alleged comments on his behalf which could be misinterpreted as sexist in nature.

In view of the small size of the Pediatric Service, the matter was referred to Dr. [REDACTED] Chief of Staff. [REDACTED] researched the issue of catheterization and found bodies of medical knowledge and opinion both positive and negative with reference to the merits of these procedures.

On January 15, 1987, Dr. [REDACTED] met with Dr. Bradley and discussed the procedures, reviewing Dr. Bradley's clinical opinions and found them to be well substantiated in literature. Dr. [REDACTED] did suggest to Dr. Bradley that he have his nurse perform these procedures as opposed to himself.

With respect to the issue of the alleged comments, Dr. Bradley was concerned that he was being misunderstood and Dr. [REDACTED] and he agreed that Dr. Bradley will be more cautious concerning any comments in the future.

Dr. [REDACTED] found there to be no quality issue in this incident.

EXHIBIT 7

Dr. [REDACTED]

11/12/98

✓ Staff allegations; [REDACTED] things

* Caths & valves
banding on knees
but in air

[REDACTED] had → * Taking pictures of kids
on computer cart in waiting
room) digital camera
for eat upake
during interview

✓ ~~Staff~~ Staff did discuss
some

Some have
✓ 1 Pts 1 perceived C. [REDACTED] to [REDACTED]
2 patients but not [REDACTED] 4/6

✓ Patients switched to [REDACTED]
some commented that Dr. B
cracked pts too much. (newborns)

[redacted] mty 2 [redacted]
[redacted]
[redacted] Earl & [redacted]

[redacted] alone

Earl alone

[redacted] showed concern
@ future taking
of Earl & [redacted]

Cathy was not discussed
with the phy.

[redacted] did discuss her 3 yrs of A.B.
Dr. B. liked
attractive woman
had bras on
phy. pts. mother
liked when pts. come
short shorts

✓ M. B. refused to fill
usual Abuse case
from ED as to no payment,
told [redacted] to go home,
saying he does
the patients

✓ changes on treatments of
cases, moved or had
abuse - pt. need of
CT. sent up to
CASP next day for
anger

From prior case of
P/LD. Dr. B and
not go to ED and
~~[redacted]~~ top. [redacted] &
D

✓ Burkitt's lymphoma

was aware that
staff were talking
esp. of staffing

open discussion of
picture taking
among staff

presented @ staff
w/ Dr. B. as
picture taking time

~~_____~~ suggested
office policy: pt/pnw
get a photo

Comments @ appearance
to do in care
blood on shirt from
hair on shirt from cutting back

Not aware
~~_____~~ that ~~_____~~
shared info @ "crushes/shots"
with anyone but ~~_____~~

over of
Cash loan when
Come up
G. L.
When 13 year old

transferred to you
after Carl left
proceed

mean mother
upper Dr. G
I did

your exam
against the
I mother wishes

[REDACTED]

mother called for
appt I told
[REDACTED] story upon
making appt per
phone [REDACTED] told [REDACTED]
[REDACTED] [REDACTED]

Out in dark situation,
may have
not already responded

approx.

but no specific
recollection of
ever making any
neg. comments
to the or community.

B.B. Did not make effort
to tell the
w/ team (was)
it was to show the
the the up of the
damages,
Did, state B.B. left machine

What happened in practice
or stuff related to B.G.
anything inappropriate?

directed,

not personal feeling

Spike to ~~_____~~ Privately

Spoke in Langer at 10:30

Blond or mostly @
 cell - a [redacted]
 contacted Mr. Jm,
 Ed [redacted]
 [redacted] three times.

not





 later
 owl suit

EXHIBIT 8



Beebe Medical Center

CONFIDENTIAL

September 21, 2005

Earl Bradley, MD
BayBees Pediatrics
3446 Kings Street Row, Unit 2
Lewes, DE 19958

Certified Mail 7003 1010 0003 4169 4678

Dear Dr. Bradley,

As you will recall, we recently discussed that if the hospital were to become aware of any substantial support that an evaluation of your practice were ongoing, we would need to act accordingly.

We have discovered that the Attorney General of the State of Delaware is or has recently been conducting such an investigation.

While aware that an investigation is not a conviction, and attempting to preserve your rights while protecting our patients, this organization must insist that pending completion of the investigation, you are responsible to have a nurse/chaperone with you at all times when you are with a patient at any facility of Beebe Medical Center. If you have any difficulty finding a nurse/chaperone, please contact the nursing supervisor.

Failure to comply with this requirement may result in suspension of your privileges at Beebe Medical Center. If you have any questions, please do not hesitate to contact me.

Sincerely,


Vice President Medical Staff



cc:  President & CEO
 MD, Chief of Staff

EXHIBIT 9

9/22/2005

11:12 AM

Phone conversation with Dr. Bradley. Informed him of my discovery of the subpoena from April. As were awaiting a response from the Attorney General's office and the police force, is the policy of the hospital to mandate that all patient contacts by hand must be in the presence of another witness. He understands this and is very comfortable with this requirement.



Vice President Medical Affairs

EXHIBIT 10

MEMORANDUM OF UNDERSTANDING

AND NOW, this 27th day of October, 1999, this Memorandum of Understanding is entered into by and between the Board of Medical Practice of the State of Delaware (hereinafter "Board") and the Physicians' Health Committee of the Medical Society of Delaware (hereinafter "Committee") in order to delineate in general terms the manner in which each entity will operate and interact with respect to physicians in need of evaluation or treatment for a physical or mental impairment and who the committee or the Board has reason to believe may pose a danger to the public health, safety, or welfare or who the committee or the Board has reason to believe may have committed unprofessional conduct. (The "subject physician") This Memorandum of Understanding supersedes and replaces all prior agreements between the Board and the Committee on this subject.

REFERRALS BY THE BOARD TO THE COMMITTEE

1. The Board recognizes that in many instances referrals to the Committee will come from a physician's family, friends and colleagues, or from self-referral. The Board, acting through the Executive Director also may refer physicians to the Committee for evaluation and may require examination to determine whether the physician is fit to practice medicine with reasonable skill and safety either on a restricted or unrestricted basis and whether there is a medical or psychiatric condition requiring rehabilitative services. Such referrals may be oral and informal or they may be formal by written Order of the Executive Director under the authority of 24 Del. C. § 1732(c).

2. Upon receipt of a case, the Committee shall promptly determine whether the case involves a subject physician.

3. Prior to making a formal referral by Order, the Executive Director will, in consultation with the Board President or his or her designee, appoint and consult with at least one (1) unbiased Physician Board Member to assist in the investigation who will be advised of the identity of the physician under investigation.

A.G.Inv000993

4. In cases where a formal referral of a physician by Order of the Executive Director for examination to determine the fitness to practice medicine with reasonable skill and safety is contemplated, the Chairperson of the Committee shall accept such referral either orally or in writing prior to any formal referral Order by the Executive Director to the Committee.

REPORTS BY THE COMMITTEE TO THE BOARD - CONFIDENTIALITY

1. The Board and the Committee recognize that confidentiality is not an absolute in that there are circumstances where the individual welfare of the physician or the public health and safety are paramount. Pursuant to 24 Del. C. § 1768(b), the records, reports, and proceedings of the Committee are deemed by the Board to be confidential and not public records. Any such documents and the information contained therein provided to the Board pursuant to this Memorandum of Understanding will be treated by the Board as confidential, non-public material under the Delaware Freedom of Information Act (29 Del. C. Ch. 100).¹ However, such information may be discussed with the subject physician and used by the Board in non-public executive sessions as and to the extent necessary to protect the public health, welfare, and safety and to permit the Board to perform the statutorily mandated responsibilities under Chapter 17 of Title 24 Del. C.

2. In order for the Committee to maintain confidentiality of its proceedings, reports, and records while fulfilling its statutory reporting responsibility under 24 Del. C. § 1731A, the following procedure will be observed:

a. Each case involving a subject physician which is accepted by the Committee without regard to the source of the case, will be assigned an identifying number and a record of the name which corresponds to the identifying number will be provided within five (5) days to the Executive Director of the Board. All such information will be kept in a secure location in the office of the Chairperson of the Committee or of the Executive Director of the Medical Society

¹The information reported may in limited instances be used in proceedings before the Board hearing panel and, therefore, may ultimately become public information if the hearing panel finds that the allegations are supported by the evidence and so reports to the full Board. See § 1734 of Title 24.

of Delaware and in the office of the Executive Director of the Board.

b. As each new case involving a subject physician is accepted by the Committee, it will prepare a summary of the case and within five (5) days, forward that summary to the Executive Director of the Board. The summary shall include a statement of the history of the subject physician, and a reasonably detailed statement of the physician's present physical, emotional, and mental conditions; a statement of the procedures expected to be employed in handling the case and a prognosis; and a copy of the Committee-Physician contract.

c. A report at least semi-annually of the status of all active cases involving subject physicians which have been accepted by the Committee will be presented to the Board in executive session and will be treated by each Board member as confidential, non-public information. Such reports to the full Board will identify each case by number only. On a semi-annual basis, the Executive Director or other representative of the Board will meet with the Committee to discuss in general terms the activities of the Board over the preceding six months.

d. The reports required by subsection (c) shall continue only as long as the subject physician may pose a danger to the public health, safety or welfare. Upon a determination by the Committee that a subject physician no longer may pose such a danger, the Committee will promptly notify the Board of that fact. Any documented or verified violations of the contract between the subject physician and the Committee shall be promptly reported to the Executive Director of the Board.

e. Immediately upon determination that a physician constitutes a clear and imminent danger to himself or to the public health, the Committee shall report by telephone and in writing to the Board through the Executive Director, the name and address of such physician and the circumstances giving rise to such determination. This includes those situations where the physician refuses to cooperate with the program, refuses to submit to treatment, or is still impaired after treatment constituting a risk to the public or exhibits professional incompetence or unprofessional conduct under 24 Del. C. § 1731 or the regulations of the Board. The Committee

and the Board shall cooperate fully in taking such immediate action as may be necessary to protect the public and where possible, the physician.

f. The Committee, through its Chairperson, shall also report immediately to the Executive Director of the Board the name and address of any physician where there are grounds for reasonable belief that criminal or unprofessional conduct as defined under § 1731 of the Medical Practices Act has or is about to occur. This shall include but not be limited to:

1. Mental or physical (including sexual) abuse of patients.
2. Use, distribution, or prescription for use of dangerous or narcotic drugs other than for therapeutic or diagnostic purposes.
3. Physical (including sexual) abuse of others.
4. Commission of or participation in criminal activities.

g. Upon receipt of a written report made under subsections (e) and (f) 1-4 above by the Committee, the Executive Director of the Board will immediately confer with the Board President and the assigned Board member and take appropriate action which may include initiating a proceeding for the temporary suspension of a Certificate to Practice Medicine and Surgery under 24 Del. C. § 1736 pending hearing, or seeking the authorization of the Board in executive session for the filing of a Formal Complaint by the Executive Director for hearing by a Board hearing panel in non-public executive session under 24 Del. C. § 1734. Only after non-public hearings² where the hearing panel determines that the allegations of the formal complaint are supported by the evidence will the Board proceed to formal public hearing in accordance with the provisions of § 10004 of Title 29.

DISCIPLINARY ACTION BY THE BOARD

The existence of a contract between the Physicians' Health Committee and a physician shall not be construed to preclude or in any way restrict the ability of the Board of Medical


²Panel hearings will be conducted in non-public executive session unless the physician requests an open public hearing under 24 Del. C. § 1734(b).


Practice to take such disciplinary action as it may deem appropriate for any violation of 24 Del. C. § 1731 (Unprofessional conduct and inability to practice medicine and surgery), § 1731A, (Duty to Report), or any Regulation of the Board.

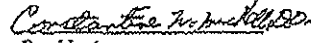
A.G.Inv000997

This Memorandum is intended to give general guidance and to promote uniformity in the relationship between the Board of Medical Practice and the Physicians' Health Committee of the Medical Society of Delaware and is to be used for no other purpose. It does not and is not intended to create any rights, duties, or obligations.

IT IS SO UNDERSTOOD AND AGREED:


 Chairman
 Physicians' Health Committee
 Medical Society of Delaware


 Executive Director
 Medical Society of Delaware


 President
 Board of Medical Practice


 Executive Director
 Board of Medical Practice

EXHIBIT 11

FROM: [REDACTED]

PAX NO. 1

Oct. 21 2004 09:45AM P1

Lynda Barnes

ATT: [REDACTED]

Via Facsimile Transmission
(303) [REDACTED]Re: Dr. Ned Brian Bradley
Owner, Baybess Pediatrics
24416 King St. Row
Lewes, DE 19958

OBJECTIVE

To obtain psychiatric and medical evaluation and treatment for Dr. Bradley in an attempt to keep him from destroying his practice and his life. The examinations should be done by physicians not acquainted with Dr. Bradley, so that he cannot influence the outcomes in any way.

SUMMARY

Dr. Bradley is a well-known pediatrician in Lewes, having been in practice there for ten years. He began his own practice in January of 2001. It is known for being a child-friendly atmosphere; he gives gifts to the children, has games and a video camera in his waiting room. His exam rooms are decorated with Disney characters.

Since he has been in his own practice, however, there has been a noticeable deterioration in Dr. Bradley's ability to handle his affairs, both personal and professional. Small things such as his inattention to personal hygiene (e.g. unwashed clothing, greasy wrinkled scrub tops pulled down from the hospital, his undershirt and chest hair showing) and his lack of completion of patient charts and billing slips (not signing or finishing them properly). He delays details such as having an organ for five (arriving consistently at least 1/2 hour past his stated appointment, keeping patients waiting for an hour and a half while he plays on the computer) and his behavior showing no regard for anyone other than himself (telling his children things for Christmas that he would like to have himself, rather than something they would like). Larger issues such as his overspending (he is over \$200,000 in credit card debt at present) and lack of control in spending for his practice (commitment of over \$10,000 per month on things that do not benefit the practice). There is also a lack of control of his finances (angry outbursts at his wife, the receptionist, etc.).

mood swings. He also tells the staff and his children that he thinks he has five years to live. He is 51 years old.

He is like a junkie with a huge habit - not drugs, but spending. Like most addicts, he reacts with extreme uncontrolled outbursts when he can't spend or have what he wants. He hides his receipts. He hides what he buys. The house in which he lives and the property he owns are both literally stacked to the rooftops with junk that he has purchased and for which he has no use. His house is filthy - dog dirt and months worth of dust or constant. His children have no place to sit or study except their bedrooms. They have no friends and each bring friends home because of their parents. They are very bright children who he controls absolutely - his interruptions with him when they are not at school. The eldest two are in college and want him to do with him. His oldest is 20 years old and he will not let her drive her car on Route One; she must drive only in Lewes under 25 mph. She has had her license since she was 16.

we were so, etc. A meeting of his lawyer, banker and accountants determined that he needed to make significant changes if he wanted to develop his practice and go forward. A list of things he was to do was presented to him. It included cutting up his credit cards, using only one for his wife and paying it off monthly, using another for office expenses, and living on his income (a not insignificant total of \$15,000 per month plus draw). He ignored it all. The practice has paid off his debts several times and his spending goes worse each time he has a credit limit available.

He will likely not be cooperative with any attempts to examine him or go to counseling. He went to a psychiatrist once - for one visit - at the demands of his wife and dismissed it. He thinks he can "kick" a psychiatrist into agreeing that he has no problems, because he is smarter than they are.

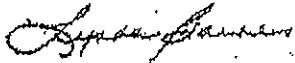
I am concerned that intervention be done before he explodes and further harms his family (a very public collapse or prosecution by parents) or the children in his practice. We have tried family intervention but he refuses to discuss his problem or listen to anyone's concerns.

BACKGROUND

Dr. Bradley is the youngest of three children. His parents were extremely dysfunctional - his mother was an alcoholic of Olympic proportions, was hospitalized regularly and at one time incarcerated for drunk and disorderly conduct in a public place. His mother separated from his father and they lived in poverty in a very rough area of Philadelphia. When his father regained custody, he spoiled the child and demanded nothing from him. Both parents died six weeks apart in 1967 when he was 14. He came to live with me (I am the adopted oldest child, 9 years senior). He was a straight D student. I managed to turn him around with encouragement and disciplined study habits. When he went to college and medical school we were living in New England and saw him of him. When he married and had children we were able to visit more often, as we lived then in Virginia. When his wife was leaving him, we tried to counsel them (my husband is a clergyman who specializes in addictions) but the situation was met with total indifference on his part in acknowledging any responsibility. Everything is always someone else's fault.

His spending has cost him his marriage, the respect of his children and threatens to cost him his practice. I sincerely hope that you will be able to intervene in this situation.

Lynda Brouse



TO: ACNT: 9169 PAGE: 1

FROM: SHORE ANSWER, LLC

9-21-2004 2:38pm p. 1 of 1

***** ACCOUNT 9169 PAGE: 1 *****

>> MSG: 1 IN:RXE 9/21 14:35

FOR: NON-URGENT

NAME: LINDA BARNES

PHONE NO: [REDACTED]

ADDRESS:

REF: NEEDS TO SPEAK WITH SOMEONE ABOUT A DR SHE WORKS FOR WHO IS GOING OFF THE DEEP END/SHE DOES NOT THINK HE WILL KILL HIMSELF/SUI MAYBE PUT HIMSELF OUT OF BUSINESS

***** ACCOUNT 9169 Complete *****

Sister
and 0000
mgw.

Sir Bradley
Pediatric in Lewis

Manic depressive
Diabetic 400
In Debt

on staff
BeBe

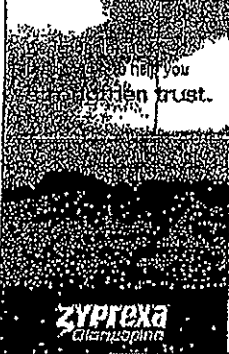
	<input type="checkbox"/> URGENT	DATE	TIME
	FOR DOCTOR		AREA CODE
	PATIENT		NO.
	Remind		
	Call Linda Barnes		
M. Lewis Doctor			
Medi-Messages			

EXHIBIT 12

FAX - CONFIDENTIAL
Page 1 of 3

Att: [REDACTED]

TO: [REDACTED]

FROM: LYNDA BARNES

The following is a copy of the fax I sent to Dr. Towani regarding getting help for my brother. We are estranged.

Dr. Towani suggested that you might be able to help persuade Dr. Bradley to voluntarily participate in the Impaired Physician Program, or otherwise that you may wish to resign yourself because you know him. He holds you in the highest regard and respect.

In either case, I have been advised to notify his lawyer that he should contact Dr. Towani within the next two weeks for voluntary participation or I will contact the Board of Medical Practices to have his participation requested. Dr. Towani tells me that under Delaware State Law I am required to report him and that his name should have reported him as well. His lawyer also has knowledge of his problems and is so required.

I look forward to speaking with you.

*Calling on advice
of Dr. Towani
Linda Barnes*

*Re: concerns in
request to a physician*

10/22/04

EXHIBIT 13

Lynda Barnes
[REDACTED]

ATT: [REDACTED]

Via Facsimile Transmission
[REDACTED]

Re: Dr. Earl Brian Bradley
Owner, Baybees Pediatrics
34446 King St. Row
Lewes, DE 19958

OBJECTIVE

To obtain psychiatric and medical evaluation and treatment for Dr. Bradley in an attempt to keep him from destroying his practice and his life. The examinations should be done by physicians not acquainted with Dr. Bradley, so that he cannot influence the outcomes in any way.

SUMMARY

Dr. Bradley is a well-known pediatrician in Lewes, having been in practice there for ten years. He began his own practice in January of 2001. It is known for being a child-friendly atmosphere; he gives gifts to the children, has games and a video theatre in his waiting room. His exam rooms are decorated with Disney characters.

Since he has been in his own practice, however, there has been a noticeable deterioration in Dr. Bradley's ability to handle his affairs, both personal and professional. Small things such as his inattentiveness to personal hygiene (i.e. slovenly clothing, (wears wrinkled scrub tops purloined from the hospital, his undershirt and chest hair showing) unkempt beard and hair) non-completion of patient charts and billing slips (not signing or finishing chart records). Miffing details such as having no regard for time (arriving consistently at least 1/2 hour past his first appointment, keeping patients waiting for an hour and a half while he plays on the computer) narcissistic behavior showing no regard for anyone other than himself (buying his children things for Christmas that he would like to have himself, rather than something they would like). Larger issues such as chronic overspending (he is over \$90,000 in credit card debt at present) and lack of controls in spending for his practice (commitments of over \$10,000 per month on things that do not benefit the practice). Huge things like lack of control of his impulses (angry outbursts at his children, history of beating his son, hitting his sister in the office, accusations by parents of patients that he was handling their daughters with improper touching).

He explains all of the above and many other actions as "stress." He admits to having ADD and self-medicates from his sample closet with Strattera. He suspects that he is suffering from Meniere's Disease (actually spent a day writhing on the floor of his office, upsetting staff but insisting he would not go for help; resulting hearing loss in one ear which has not been treated.) Multiple Sclerosis (numbness and tingling in joints) and diabetes (tested at 400 plus on office glucose meter but would not go for treatment because he did not want it on his record). He has frequent severe headaches; and wears glasses, but won't have lenses corrected so that he can actually see; he sometimes wears two pairs of glasses at once. He says he is bipolar; that would account for his extreme

A. G. Investigation000450

mood swings. He also tells the staff and his children that he thinks he has five years to live. He is 51 years old.

He is like a junkie with a huge habit - not drugs, but spending. Like most addicts, he reacts with extreme uncontrolled outburst when he can't spend to have what he wants. He hides his receipts. He hides what he buys. The house in which he lives and the property he owns are both literally stacked to the rooftops with junk that he has purchased and for which he has no use. His house is filthy - dog dirt and months worth of dust at constant. His children have no place to eat or study except their bedrooms. They have no friends and can't bring anyone home because of their shame. They are very bright children who he controls absolutely - he keeps them with him when they are not at school. The oldest two are in college and want little to do with him. His oldest is 20 years old and he will not let her drive her car on Route One; she must drive only in Lowes under 25 mph. She has had her license since she was 16.

On March 28, 2002, a gathering of his lawyer, banker and accountants determined that he needed to make significant changes if he wanted to develop his practice and go forward. A list of things he was to do was presented to him. It included cutting up his credit cards, using only one for his use and paying it off monthly, using another for office expenses, and living on his income (a not insignificant total of \$15,000 per month plus draw). He ignored it all. The practice has paid off his debts several times and his spending gets worse each time he has a credit limit available.

He will likely not be cooperative with any attempts to examine him or go to counseling. He went to a psychiatrist once - for one visit - at the demands of his wife and dismissed it. He thinks he can "trick" a psychiatrist into agreeing that he has no problems, because he is smarter than they are.

I am concerned that intervention be done before he explodes and further harms his family (a very public collapse or prosecution by parents) or the children in his practice. We have tried family intervention but he refuses to discuss his problem or listen to anyone's concerns.

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Dr. Bradley is the youngest of three children. His parents were extremely dysfunctional - his mother was an alcoholic of Olympic proportions, was hospitalized regularly and at one time incarcerated for drunk and disorderly conduct in a public place. His mother separated from his father and they lived in poverty in a very rough area of Philadelphia. When his father regained custody, he spoiled the child and demanded nothing from him. Both parents died six weeks apart in 1967 when he was 14. He came to live with me (I am the adopted oldest child, 9 years senior.) He was a straight D Student. I managed to turn him around with encouragement and disciplined study habits. When he went to college and medical school we were living in New England and saw little of him. When he married and had children we were able to visit more often, as we lived then in Virginia. When his wife was leaving him we tried to counsel them (my husband is a clergyman who specializes in addictions) but the situation was met with total unwillingness on his part to acknowledge any responsibility. Everything is always someone else's fault.

His spending has cost him his marriage, the respect of his children and threatens to cost him his practice. I sincerely hope that you will be able to intervene in this situation.

Lynda Barnes

A. G. Investigation000451

EXHIBIT 14

REDACTED

Dr. Tavani reported on a call from the sister of a physician who formerly worked in the physician's office, informing of mood swings, depression and extensive credit card debt. The physician is very well respected in the medical community. The sister added that the physician has self-medicated for apparent ADHD and that he is "addicted" to spending. The physician's home is reportedly dirty and cluttered and concern was expressed over the welfare of the children. The physician will likely not be cooperative with any attempt to evaluate him. The family has tried unsuccessfully in the past to counsel him. It is the Committee's feeling that it will not be productive to approach the physician and that the matter would best initially be addressed by the BMP.

REDACTED

The meeting was adjourned at 8:50 am. The next meeting of the Committee will be held on Wednesday, January 12, 2005, at the Medical Society of Delaware in Newark.

Respectfully submitted,

Carol A. Tavani, M.D., M.S., F.A.P.A.
Chair

Jan 19, 2010 3:04PM Medical Society of Delaware
A.G. INV.001000

No. 5152 - P. 2

physician's office, including of course a large, expensive car. The physician has self-medicated for ^{apparent} ~~reported~~ very well respected in the medical community. The sister added that the physician is "addicted" to spending. The physician's home is very dirty and cluttered and concern was expressed over the welfare of the children. The physician will likely not be cooperative with any attempt to evaluate him. The family has tried unsuccessfully in the past to counsel him. It is the Committee's feeling that it will not be productive to approach the physician and that the matter should ^{initially} ~~ultimately~~ be addressed by the BMP. It appears there will be legal charges brought forward by the sister ^{would best} ~~for wrongful discharge.~~

"1A"

A.G. Inv.001067

physician's office, informing of mood swings, depression and extensive credit card debt. The physician is very well respected in the medical community. The sister added that the physician has self-medicated for apparent ADHD and that he is "addicted" to spending. The physician's home is reportedly dirty and cluttered and concern was expressed over the welfare of the children. The physician will likely not be cooperative with any attempt to evaluate him. The family has tried unsuccessfully in the past to counsel him. It is the Committee's feeling that it will not be productive to approach the physician and that the matter would best initially be addressed by the BMP.

* 1 B *

EXHIBIT 15

Reported Date and Time WED 03/30/2005 1420		Initial Crime Report		Occurred: WED 03/30/2005 1130	
Location: 607 N Dupont HWY Bay Bee's Pediatrics Milford, DE 19963					
M.O. and Incident Overview: Suspect kissed victim on the mouth.					
Grid 136-160	Sector	County Kent	Domestic Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4-P-14 Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gen Broadcast Sent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Victim Information

Victim Number 001	Name	Sex Female	Race	Ethnic Origin	Age 3	D.O.B.
Type Individual	Address	Resident Status	Home Telephone	Employer/School	Work Telephone	
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Other Comments			
Injuries		Description of Injuries				
Parent/Guardian Information		Parent Telephone				
Same Address as Victim						

Suspect/Defendant Information

Sequence 001	Type Suspect	Grid Number	Name BRADLEY, EARL B	Height	Weight 225	Birth Date	Eye Color Blue
Sex Male	Race White	Ethnic Origin Non-Hispanic	Age 51	D.O.B. 05/10/1953	Build	Complexion	Scars
Hair Color Brown	Hair Length	Hair Style Full Beard	Facial Hair	Voice Speech	Tattoos	Armed With Unarmed	Work Telephone
Occupation	Degree/Certification	Resident Status Non Resident	Unusual Characteristics	Arrested With Unarmed			
Address	Home Telephone	Employer/School DEESEE MEDICAL CENTER FAVES, DE 19948	Work Telephone				
Arrest Number	Suspect's Clothing Description						

Crimes and Associated Information

Victim Number 001	Crime Seq 001	Subtype DE:11:0601:00a1:NA	Crime Description Offensive Touching	Armed/Unarmed <input type="checkbox"/> Armed <input checked="" type="checkbox"/> Unarmed	General Offense
Location Of Offense Drug Store/Dr. Office/Hospital		Status Pending-Active			
Suspected Hate/Bias <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Crime Code 13194B - Offensive Touching/Other Assault/Non-Aggravated			
Employment/Force Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Weapon/Force Used Personal-Weapons/Hands/Feet			
M.O. Information	MO Class Suspect's General Actions		MO Description KISSED VICTIM.		

Victim - Suspect/Defendant Relationships

Victim - 001	Suspect/Defendant - 001 BRADLEY, EARL B	Victim Offense Relationship Otherwise Known
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Witness Information

Sequence 001	Type Reporting Person	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 002	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 003	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		

Investigative Narrative

On Wednesday, 03-30-05, Det. [redacted] of the Delaware State Police telephoned writer and stated that he had received a call from the victim's mother. She was reporting this incident to him but learned that it occurred in Milford. He then gave writer the victim's mother's

Investigative Officer

A. G. Investigation 000445

Investigative Narrative - Continued

phone number. Writer then immediately called her upon hanging up from pet. [redacted] Writer obtained a statement from her and necessary information. Writer then advised her that a CAC interview was needed and that writer would call her back with a time and date for that interview. Writer then set up an appointment with the Kent County Children's Advocacy Center for Thursday, 03-31-05, at 1100hrs. Victim's mother was then notified of this. Writer went to the CAC on Thursday and met with [redacted] conducted the interview while the rest of us watched it from an adjoining room via video monitor. After the interview, we all met with the victim's mother and father. After leaving the CAC writer met with [redacted] and interviewed [redacted] who use to work with the suspect. Writer telephoned [redacted] and interviewed her. Further investigation is pending.

Statement of Victim 001 - [redacted]

[redacted] was interviewed at the Kent County Children's Advocacy Center in Dover on Thursday, 03-31-05, at approximately 1124hrs. by [redacted] [redacted] had been brought there by her mother and father. [redacted] talked openly during the rapport building phase of the interview but avoided talking about the trip to the doctor the day before this interview. Finally it was agreed with the others present watching via video monitor [redacted] interview. Finally it was agreed with the others present watching via video monitor [redacted] that [redacted] could ask [redacted] directly about her visit to the doctor's office. When questioned directly about this visit, [redacted] stated that she got a lollipop from Dr. Bradley. She then said that "Dr. Bradley didn't kiss me on the cheek, he didn't kiss me on the nose" (pointing to each of these areas on her face as she stated them) and then she stopped. [redacted] turned her body away from [redacted] as if embarrassed. [redacted] asked [redacted] "where did Dr. Bradley kiss you?". [redacted] wouldn't answer and got up and started walking around the room trying to ignore [redacted] questioning. [redacted] started saying that she wanted her mother. It was decided that her mother could be in the room with them. Mother then entered the room but remained silent. [redacted] again tried to question [redacted] but [redacted] still resisted. [redacted] then asked [redacted] what she had told her mother about the incident. [redacted] responded she didn't tell her mother anything. [redacted] then decided to leave the room. [redacted] mother then asked [redacted] what she had told her yesterday about the doctor. [redacted] then stated that the Dr. Bradley "licked my tongue". She then showed her tongue.

Statement of Suspect 001 - EARL B BRADLEY

Dr. Earl Bradley is a pediatrician and the suspect in this case. No interview has been conducted with him. However, he did call writer on Wednesday, 04-06-05, and state that he has heard from a past employee that he is under investigation and wanted to know what was going on. Writer advised him that there was an investigation but could not comment any further on the matter at this time. Writer told him that writer would contact him at a later date about the matter.

Statement of Witness 001 - [redacted]

[redacted] is the mother of the victim and is the reporting person. Writer spoke to her via telephone on Wednesday, 03-30-05, at approximately 1420hrs. She stated that she had gone to Dr. Bradley's office in Milford on Tuesday, 03-29-05, for an appointment with her [redacted] old son. She stated that her daughter, the victim, was with her and her son. After the exam of her son, they came out of the room and Dr. Bradley asked if he could give the victim a lollipop. [redacted] said yes and then started to get her son's coat on. She said she turned around and noticed that the doctor and the victim were gone. After a couple minutes he came walking from the back with the victim. The victim asked her why the doctor kissed her tongue. She questioned the victim about this and could only get from her that the doctor kissed her tongue. [redacted] was very upset by this. [redacted] stated that she usually sees Dr. Bradley in his lawes office but because of construction going on there she came to his Milford office. This was the first time in the Milford office but she has been seeing him since the victim was born. She further stated that she has had concerns in the past with the doctors behavior but nothing like this. She said that it has always been on her mind the way the doctor takes to the victim. He often carries her around and tries to be alone with her. She has even talked to her friend, [redacted] about this before. [redacted] also takes her children to Dr. Bradley.

Statement of Witness 002 - [redacted]

[redacted], a friend of [redacted] was interviewed on Thursday, 03-31-05, at approximately 1507hrs. via telephone. She stated that she is a good friend of [redacted] and as had conversations with her in the past about Dr. Bradley. These conversations were about how much attention Dr. Bradley gives the victim and not her son. [redacted] said that [redacted] asked [redacted]

A. G. Investigation 000446

Statement of Witness 002 - [REDACTED] - Continued

her if the doctor spends a lot of time with her boys. She told her no. [REDACTED] stated that she has never had any problems with the doctor and has never seen any inappropriate behavior from him. She did say that one time she saw the doctor outside with an approximate five year old girl in his arms walking around. She said this seemed unusual because the waiting room was full. She stated that she knew of another friend, [REDACTED] who left Dr. Bradley's practice because of long waits and the office was dirty. She has two boys. [REDACTED] had no other comments.

Statement of Witness 003 - [REDACTED]

[REDACTED] is a pediatrician who use to work with the suspect. He was interviewed at his home on Thursday, 03-31-05, at approximately 1420hrs. by writer. [REDACTED] stated that he and the suspect use to work for the same practice when they were both starting out in Delaware. He said that he has referred to the suspect as a pedophile when talking to colleagues. When asked why he believes that the suspect might be a pedophile he stated that he knows of three of his patients who use to be patients of the suspects. They all had similar stories to tell about the suspect conducting long vaginal exams on female patients. He stated that one of these three is a friend of his [REDACTED]. [REDACTED] said that about five years ago [REDACTED] called him and said that his wife had taken their daughter to the suspect for a physical. During this physical the suspect spent a long time examining her vaginal area to the point that his wife became really upset. [REDACTED] told him that this was not normal. [REDACTED] was going to try to research his records to determine who the other patients were and get back to writer.

Reporting Officer [REDACTED]		Pending Supervisory Review	
Detective Noted [REDACTED]		Relayed To Troop 5 State Police DELAWARE STATE POLICE HEADQUARTERS	
Solvability Factors	<input type="checkbox"/> Witnesses <input type="checkbox"/> Suspect Located	<input type="checkbox"/> M.O. <input type="checkbox"/> Suspect Described	<input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Identified <input type="checkbox"/> Suspect Vehicle Identified
			Status Has Follow Up

A. G. Investigation000447

Page: 1	Report Date: 04/07/2005	Agency: Milford PD	Complaint: 51-05-002005
Reported Date and Time: WED 03/30/2005 1420		Initial Crime Report	
Location: 607 N Dupont HWY Bay Bee's Pediatrics		Milford, DE 19963	
M.O. and Incident Overview: Suspect kissed victim on the mouth.			
Grid: 136-160	Gender: Male	County: Kent	Domestic Relationship: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		4-F-14 Band: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gun Brand/Model: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Victim Information

Victim Number: 001	Name: [REDACTED]
Type: Individual	Sex: Female
Address: [REDACTED]	Resident Status: [REDACTED]
Home Telephone: [REDACTED]	Employer/School: [REDACTED]
Work Telephone: [REDACTED]	
Reporting Person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Victim Deceased? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Officer Comments: [REDACTED]
Injuries: [REDACTED]	Description of Injuries: [REDACTED]
Parent/Guardian Information: [REDACTED]	Parent Telephone: [REDACTED]
Same Address as Victim: [REDACTED]	

Suspect/Defendant Information

Sequence: 001	Type: Suspect	SEI Number: [REDACTED]	Name: BRADLEY, EARL E	Nick Name: [REDACTED]
Sex: Male	Race: White	Ethnic Origin: Non-Hispanic	Age: 51	D.O.B.: 05/10/1953
Height: 6' 00"	Weight: 225	Skin Tone: [REDACTED]	Eye Color: Blue	
Hair Color: Brown	Hair Length: [REDACTED]	Hair Style: [REDACTED]	Facial Hair: Full Beard	Glasses: [REDACTED]
Disguise: [REDACTED]	Disguise Color(s): [REDACTED]	Resident Status: Non Resident	Unusual Characteristics: [REDACTED]	Armed With: Unarmed
Address: [REDACTED]	Home Telephone: [REDACTED]	Employer/School: [REDACTED]	Work Telephone: [REDACTED]	
Arrest Number: [REDACTED]	Suspect's Clothing Description: [REDACTED]			

Crimes and Associated Information

Victim Number: 001	Crime Seq: 001	Statute: DE:11-0601:00a1-M	Crime Description: Offensive Touching
Location of Offense: Drug Store/Dr. Office/Hospital	Status: Pending-Active	Involvement: <input type="checkbox"/> Victim <input type="checkbox"/> Other <input type="checkbox"/> Co-Offense	General Offense: [REDACTED]
Expected Date/Time: [REDACTED]	Crime Code: 13134B - Offensive Touching/Other Assault/Non-Aggravated		
Surprise Force Involved: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Weapon/Force Used: Personal Weapons/Hands/Feet		
M.O. Information: [REDACTED]	M.O. Description: KISSED VICTIM		

Reporting Officer: [REDACTED]	Supervisor Approval: [REDACTED]	Case Number: 51-05-002005
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A. G. Investigator

Victim Assistance Resources

The Victim Bill of Rights provides victims of crime with the right to be notified of and participate in all major phases of a criminal case, in accordance with the provisions of the bill, the below information is provided to you.

1. You have received a copy of the incident report taken by the police which includes the date of the complaint and the case number, as well as other helpful information. You may contact the police department to check the status of arrest of the defendant. Keep this copy for your reference.
2. Be advised the defendant in your case, unless he/she has been charged with a capital crime, has the right to bail or other pre-trial release, and therefore, may not be held in jail until trial.
3. The Violent Crimes Compensation Board has been established to assist those innocent victims of crime who sustain personal injury (bodily harm or extreme mental suffering). The board, on a limited basis, may compensate victims of violent crimes some property loss or damage. You may be eligible for financial assistance if:
 - a. You are an innocent victim of a violent crime.
 - b. You cooperate with the law enforcement agencies in the apprehension, and prosecution of the assailant.
 - c. You did not contribute to the infliction of your injuries.
4. Services are available for victims of crime throughout the State of Delaware. The police departments make referrals to victim assistance resources. Below is an additional list of victim assistance resources. Do not hesitate to call any of these resources for assistance.

Statewide Assistance Resources

Victim Assistance Programs

Delaware Victim Center 1-800-VICTIM-1
 Dover Police 1-302-736-7134
 Wilmington Police 1-302-576-3622
 New Castle County Police 1-302-395-8139
 Georgetown PD 1-302-395-8135
 Rape Crisis Contact Delaware 1-302-456-6613
 Child, Inc. 1-800-262-9800
 Violent Crimes Compensation Board 1-302-762-6110
 Peoples Place II (Kent or Sussex) 1-800-690-0045
 1-302-424-2420

Attorney General's
 Victim/Witness Assistance
 New Castle County 1-302-677-9250
 Kent County 1-302-739-4211
 Sussex County 1-302-856-5352
 Dover Air Force Base
 Security Forces 1-302-677-6666
 Family Advocacy 1-302-677-2711
 Mental Health 1-302-677-2674
 Legal Office 1-302-677-3301
 * These services are available to all military personnel in Delaware, regardless of branch.

Reporting Officer [Redacted]		Supervisor Approval [Redacted]	
Detective Notified		Referred To Troop 5 State Police	
Solvability Factors <input type="checkbox"/> Witness <input type="checkbox"/> Suspect Located	<input type="checkbox"/> M.O. <input type="checkbox"/> Suspect Described	<input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Identified	<input type="checkbox"/> Suspect Named <input type="checkbox"/> Suspect Vehicle Identified
			Status Has Follow Up

A. G. Investigation000441

Page: 1	Report Date: 04/12/2005	Agency: Milford PD	Complaint: 51-05-002006
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Supplemental Report

Original Occurrence Date and Time: WED 03/30/2005 1130	B/S: 136-160	Sector:
Original Location: 607 N.N Dupont HWY Bay Bee's Pediatric - Milford, DE 19963		

Original Victim Information

Victim Number: 001	Name:		
Type: Individual	Sex: Female	Race:	Ethnic Origin:
Age: 3	D.O.B.:		
Address:	Home Telephone:	Employer/School:	Work Telephone:
Reporting Person? <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other Comments:

Original Suspect/Defendant Information

Sequence: 001	Type: Suspect	SBI Number:	Name: BRADLEY, EARL B	Nick Name:
Sex: Male	Race: White	Ethnic Origin: Non-Hispanic	Age: 51	D.O.B. 05/10/1953
Height: 6' 03"	Weight: 225	Skin Tone:	Hair Color: Brown	Hair Style: Full Beard
Address:	Home Telephone:	Employer/School: BEEBE MEDICAL CENTER	Work Telephone:	
Arrest Number:	Suspect's Clothing Description:			

Original Crime and Associated Information

Victim Number: 001	Crime Seq: 001	Signal: DE-11:0601:00a1:M	Crime Description: Offensive Touching
Location Of Offense: Drug Store/Dr. Office/Hospital	Status: Pending-Active	Involvement: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer	General Offense:
Suspected Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No - N/A	Crime Code: 13134E - Offensive Touching/Other Assaults/Non-Aggravated		
Burglary Force Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon/Force Used: Personal Weapons/Hands/Feet		

Witness Information

Sequence: 004	Type: Witness	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			
Sequence: 005	Type: Witness	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			
Sequence: 006	Type: Person Contacted	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			
Sequence: 007	Type: Person Contacted	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			
Sequence: 008	Type: Person Contacted	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			
Sequence: 009	Type: Person Contacted	Name:	Sex:	Race:	Age:	D.O.B.:
Address:	Home Telephone:	Employer/School:	Work Telephone:			

Investigative Narrative

On Friday, 04-01-05, writer and Det. [redacted] went to the Lewes area to interview possible.

Investigative Officer: [redacted]

A. G. Investigation 000442

Investigative Narrative - Continued

witnesses. First we went to [redacted] residence and interviewed him. His wife wasn't home so we told him we would come back in the afternoon. We then went to [redacted] where we interviewed [redacted]. We left there and went to [redacted] and interviewed her. We then returned to [redacted] and interviewed his wife, [redacted]. This completed our interviews on this day.

Statement of Witness 004 - [redacted]

[redacted] is a doctor with the [redacted]. He was interviewed there on Friday, 04-01-05, by writer and Det. [redacted]. He stated that the suspect worked there for about eight months as part of Beabe's Physicians Network. He describes the suspect as a "different character". He believes that the suspect is careless in the way he handles children. He said he has never seen any direct inappropriate behavior from the suspect but he has had patients come to him from the suspect because of female exams. Things like forcing children to get undressed when they didn't want to or taking children away from their parent for several minutes. He said this was only done to the female patients. He further describes the suspect as a person without a lot of friends. He said he has a hobby of collecting movie paraphernalia. He also likes to be on the computer in eBay. The suspect also liked to take digital pictures of the patients in the office. He would then manipulate the pictures on the computer, like putting a patient's head on "Blmo". He used his personal computer in the office. [redacted] advised that he thought that there had been some complaints filed at the Beabe Hospital and that they were sexual in nature as well as poor communication and lapses in care. [redacted] said he has gotten a lot of patient transfers from the suspects office lately. He added that the suspect is divorced and is the primary care giver for four children.

Statement of Witness 005 - [redacted]

[redacted] is a doctor at [redacted] and was interviewed there by writer and Det. [redacted] on Friday, 04-01-05. She stated that she worked with the suspect from July 2003 thru February 2004 at the Kings Highway office. She described him as being quiet and very attentive to children. He carried the children around a lot especially when they cried. He was not very interactive with parents though. She said she never witnessed him take children away from their parents nor anything inappropriate. She said she has heard of him taking pictures of kids she never saw it for herself. She did say that she has seen him hold children and kiss them on the cheek.

Statement of Witness 006 - [redacted]

[redacted] is a nurse who presently works at [redacted]. She was interviewed at her house on Friday, 04-01-05, by writer and Det. [redacted]. She stated that she used to work for the suspect as his nurse. She worked there from November 1997 thru December 2004. She left because she was just tired of his inability to run the office as a business. She said he wasted his money on children's toys instead of things needed for the office. She was also tired of him wasting a lot of time carrying kids around which upset parents when they had to wait for long periods of time. She describes the suspect as being very "caring and genuine with the children" but that he is "losing interest in his work". "He is overstressed, tired, and worn out". She said he has no business skills. The biggest complaints from parents is that he is too quiet and they have to wait to long to see him. [redacted] said he does not communicate well with parents. Some people think he is "strange" because he doesn't talk much. She said that he is a big kid himself and is at ease with kids. He has four kids of his own which he has raised since his divorce about eight years ago. They are "everything" to him. He does kiss his patients sometimes on the forehead or cheek. He always gives them prizes after their visit. Sometimes he would take them to a room to get their prize (glow sticks, etc.). She said that he would do this alone with the kids or sometimes she would go with them. She said that he does photography and video tapes kids in plays. [redacted] said that whenever something would come up about child abuse he would get upset or angry. [redacted] said that whoever made a complaint against him must have been a new patient and just didn't understand him. She says that she trust him 100% with her own children. She has two girls and he has taken them on trips before and they have spent the night at his house. She states that the suspect's sister used to work for him as the office manager but they couldn't get along so he fired her. After that she filed a complaint against him with the Delaware Medical Society for being mentally unstable and needing medications. [redacted] said he plans for his office in Lewes is to have a children's theatre there also. He wants to wild an ice cream shoppe onto his Milford office.

Statement of Witness 007 - [redacted]

[redacted] is a nurse at [redacted] and was interviewed there

Reporting Officer: [redacted]

A. G. Investigation 000443

Statement of Witness 007 - [REDACTED] - Continued

on Friday, 04-01-05 by writer and Det. [REDACTED]. She said she use to work for the suspect for about four years. She thinks that he is a fantastic doctor who is very child oriented. She said she left his practice because she couldn't work for his sister who is the office manager. She said she knew of no inappropriate behavior from the suspect. She did say that it was common for him to be alone with the patients. He would also pick babies or kids up and walk around with them if they were crying. She called him "extreme" and like "Willy Wonka" when it comes to children. "Everything is for the kids". He buys a lot of visuals for the office for the kids. She said that she has heard of him taking pictures of kids but she never saw him do it. She said that the suspect has four children of his own.

Statement of Witness 008 - [REDACTED]

[REDACTED] children are patients of the suspect's. [REDACTED] was interviewed [REDACTED] on Friday, 04-01-05, in the morning by writer and Det. [REDACTED]. He stated that around 2000 his wife took their [REDACTED] daughter to the suspect for a well visit. Wife came home after this visit and felt very uncomfortable. She told him that during the exam the suspect took a long time examining her daughter's vagina. He had also performed the exam with an ungloved hand. The suspect's face was close to her vagina. [REDACTED] called [REDACTED] [REDACTED] said he has also discussed the suspect's desires to open an ice cream shoppe and photograph shoppe with [REDACTED]. [REDACTED] wife would be home later in the day and that writer could come back then to talk to her.

Statement of Witness 009 - [REDACTED]

[REDACTED] is the wife of [REDACTED] and she was interviewed [REDACTED] on Friday, 04-01-05, in the afternoon by writer and Det. [REDACTED]. She stated that in the summer of 1999 she took her [REDACTED] daughter into the suspect's office for a well check. She said that she was in the examination room with the suspect and her daughter and during the exam he pulled her pants down, parted her labia, and stuck his finger inside her. Her daughter screamed and [REDACTED] jumped up from where she was sitting. She immediately questioned the suspect and he said that he was checking her hymen. She said that this occurred quickly and didn't last very long. She wasn't sure now if he was wearing gloves or not. She said she was very upset by this and they never went back to him. She said this has never happened before or since with any other pediatrician.

Reporting Officer: [REDACTED]		Pending Supervisory Review		
Solvability Factors <input type="checkbox"/> Witness <input type="checkbox"/> Suspect Located	<input type="checkbox"/> M.O. <input type="checkbox"/> Suspect Described	<input type="checkbox"/> Trace Stolen Property <input type="checkbox"/> Suspect Modified	<input type="checkbox"/> Suspect Trained <input type="checkbox"/> Suspect Vehicle Described	Status <input checked="" type="checkbox"/> Has Follow Up

A. G. Investigation000444

Page: 1	Report Date: 04/19/2005	Agency: Milford PD	Complaint: 51-05-002006
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Supplemental Report

Original Occurrence Date and Time: WED 03/30/2005 1130	BA 136-160	Sector
Original Location: 607 N N Dupont HWY Bay Bee's Pad Intersect Milford, DE 18963		

Original Victim Information

Victim Number 001	Name	Sex		Race	Birth Date	Age	D.O.B.
Type Individual	Female	Resident Status	Home Telephone	Employer/School	Work Telephone		
Reporting Person?	Victim Injured?	Victim Deceased?	Officer Comments				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

Original Suspect/Defendant Information

Sequence 001	Type Suspect	SSN Number	Name BRADLEY, EARL B	DOB	Height	Weight	Skin Tone	Eye Color
Sex Male	Race White	Ethnic Origin Non-Hispanic	Age 51	DOB 08/10/1953	Height 6' 00"	Weight 225	Skin Tone	Eye Color Blue
Hair Color Brown	Hair Length	Hair Style	Facial Hair Full Beard	Voice Speech	Teeth	Build	Other	
Address		Home Telephone		Employer/School BEEBE MEDICAL CENTER JEWES, DE 19954	Work Telephone			
Arrest Number	Suspect's Clothing Description							

Original Crime and Associated Information

Victim Number 001	Crime Seq 001	Status DE:11:060100a1Mr	Crime Description Offensive Touching
Location Of Offense Drug Store/Dr Office/Hospital		Status Pending-Active	Involvement <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspended Rights <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		Crime Code 131346 - Offensive Touching/Other Assault/Non-Aggravated	General Offense
Burglary Force Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Weapon/Force Used Personal Weapons/Hands/Feet	

Witness Information

Sequence 010	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 011	Type Witness	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 012	Type Witness	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 013	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 014	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		
Sequence 015	Type Person Contacted	Name	Sex	Race	Age	D.O.B.
Address		Home Telephone	Employer/School	Work Telephone		

Reporting Officer	Posting Supervisory Review
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A. G. Investigation000436

Investigative Narrative

On Friday, 04-08-05, writer and Det. [REDACTED] went to the Beebe Hospital with an AG's Subpoena for any and all complaint records on the suspect. We learned that there were no complaints recorded in the suspects file. While there, we interviewed Dr. [REDACTED]. We were then called away on other matters.

On Monday, 04-11-05, writer and Det. [REDACTED] went to the Lewes area and interviewed [REDACTED]. [REDACTED] provided writer with a copy of the letter she had written to the Delaware Medical Society.

On Tuesday, 04-12-05, writer interviewed [REDACTED] by telephone.

On Tuesday, 04-19-05, writer received a call from the victim's mother who stated that she had a name and phone number of a person who had a similar experience with the suspect. She said she got the information from a friend of a friend. Writer then telephoned this person, [REDACTED], and interviewed her.

Statement of Witness 010 - [REDACTED]

[REDACTED] is a doctor with a practice in Lewes. He was interviewed at the Beebe Hospital on Friday, 04-08-05. He stated that the suspect worked with him in the year 2000. He said that the suspect is a very good pediatrician and takes care of a lot of other doctor's kids. [REDACTED] has heard of two complaints of inappropriate touching in the recent past. He said one was a couple months ago and then another just recently.

Statement of Witness 011 - [REDACTED]

[REDACTED] is the sister of the suspect and was his office manager for three years. She was interviewed at her home on Monday, 04-11-05, by writer and Det. [REDACTED]. He fired her on August 12, 2004 because of conflicts between he and her. She said he is having a lot of problems and is on a downward spiral. She fears he is about to have a nervous breakdown. She said he fired her because she was confronting him about these issues as well as his over spending. She said that he is in debt personally about \$100,000.00 and his business about \$70,000.00. This is because of spending on things for kids. The business side of his practice has never been important to him except how much he makes per week. He would take samples of medication out of the office for his own needs. He claims he is bi-polar and would take things like, Zoloft, Paxell, and Xitara.

She said suspect has four children, one boy, [REDACTED], and three girls, [REDACTED]. [REDACTED] is in Del Tech in Georgetown, [REDACTED] is in University of Delaware, [REDACTED] is in High School at Cape Henlopen, and [REDACTED] is in 9th grade in Lewes. He got divorced from his wife, [REDACTED], about nine years ago. Suspect physically and emotionally abused his son but showed a lot of affection to the daughters. [REDACTED] stated that she and her husband moved down here to Delaware to act as a buffer between suspect and his son, who is now 19 years old. [REDACTED] daughter from her first marriage reported the suspect to Pennsylvania Child Protective Services for beating on his son when he was 4 years old. Recently, his son took pictures of medications that the suspect was keeping in his refrigerator at home. The suspect took his son's cell phone away because of this. The suspect has been prescribing diabetic medications for his cousin, [REDACTED] (lives in Philadelphia), who gets them filled and then gives them to the suspect. The suspect is taking these drugs and he does it this way because he doesn't want his insurance to find out that he is diabetic.

When [REDACTED] was his office manager she received several complaints from parents regarding improper touching. [REDACTED] said that the suspect would pick up girls and have his hand under their clothing. She said that she has had several conversations with the suspect about this. [REDACTED] said she kept private notes regarding these issues in the office but when she got fired they wouldn't let her take anything from the office. She remembered one incident around

Reporting Officer [REDACTED]

Pending Supervisory Review

A. G. Investigation 000437

Statement of Witness 011 - [REDACTED] Continued

memorial day last year. This parent only lets her youngest daughter see the suspect because the older one said she didn't want to see him anymore because he kisses her too much. This parent was [REDACTED].

The suspect's uncle, [REDACTED] was arrested for pedophilia at State College, PA about sixteen years ago. Suspect's father also showed signs of pedophilia and when he died they found child pornography in his home.

Recently suspect has had problems at Beebe Hospital according to his son, [REDACTED]. Suspect has been upset about something at the hospital for about two months now.

[REDACTED] said that one of suspect's daughter's, [REDACTED] refuses to leave home because she thinks no one will take care of "daddy".

After he fired [REDACTED] she wrote a letter to the Delaware Medical Society outlining some of her concerns. She said she did this to seek psychiatric and medical evaluation and treatment to keep him from destroying his life and his practice. She sent this letter to [REDACTED] who then turned it over [REDACTED] for investigation. She said she has spoken with [REDACTED] and he told her that there were those same type of problems (money, depression) on his record from Philadelphia.

Statement of Witness 012 - [REDACTED]

[REDACTED] children are patients of the suspect's. She was interviewed at her home on Monday, 04-11-05, by writer and Det. [REDACTED]. She stated that she has two daughters. Her oldest daughter, [REDACTED] who is five, told her that she didn't want to go to the suspect anymore because he gives her too many kisses. This was about a year ago. [REDACTED] thought that this was because the suspect is a sensitive person and it's just his nature. [REDACTED] lets her see another pediatrician now but continues to take her youngest daughter to the suspect. She said she has had conversations with the suspect's sister and learned of his past.

Statement of Witness 013 - [REDACTED]

[REDACTED] is a doctor who has a practice in Lewes. He is also the president of the Delaware Medical Society. He was interviewed in his office on Monday, 04-11-05, by writer and Det. [REDACTED]. He said that he did receive a complaint from the suspect's sister but felt that it was a family matter and did not investigate it. He said that the suspect is considered by the nurses at Beebe to be one of the best pediatricians there. [REDACTED] said that he does remember that there was a complaint in Pennsylvania about sexual abuse by the suspect. He remembers that it was there when the suspect came to Delaware. At that time they thought it was just someone trying to extort money from him.

Statement of Witness 014 - [REDACTED]

[REDACTED] is a past employee of the suspect. She was interviewed via telephone by writer on Tuesday, 04-12-05, at approximately 1852hrs. She said she worked for the suspect for three or four months last year. She thought the suspect was "weird and disgusting". She quit because he was "too weird". She said that he would spend an hour or more with a patient. She said he wouldn't usually be alone with the patients except when he would take them to the backroom to get a toy. He would also take them into the baby room and turn off the lights so they could see the glow-in-the-dark stars on the cabinet. She further stated that he never talked.

Statement of Witness 015 - [REDACTED]

[REDACTED] was interviewed by writer via telephone on Tuesday, 04-19-05. She stated that in July of 2003 she took her granddaughter, [REDACTED] (seven years old at the time), to the suspect for a physical. [REDACTED] was in the exam room with her granddaughter during the exam. While he was conducting the exam, he told [REDACTED] to pull down her underwear. He then spread her vagina open with his hand. [REDACTED] turned her back to him at this point. [REDACTED] was getting out of control so [REDACTED] said "that's enough" and the suspect stopped what he was

Reporting Officer: [REDACTED]

Pending Supervisory Review

A. G. Investigation 000438

Page: 1	Report Date: 04/19/2003	Agency: Milford PD	Complaint: 51-05-002006
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Statement of Witness 015 - [REDACTED] Continued

doing. [REDACTED] then got dressed and that was the end of the exam. [REDACTED] questioned the suspect as to why he did that and he said it was just part of the exam. [REDACTED] said she was very uncomfortable with this and felt it was wrong. She never went back to him again. Prior to this incident the suspect was always picking [REDACTED] up which made [REDACTED] little uncomfortable.

Reporting Officer: [REDACTED]		Pending Supervisory Review:	
Solvability Factors	<input type="checkbox"/> Witness	<input type="checkbox"/> M. O.	<input type="checkbox"/> Trace Status Property
	<input type="checkbox"/> Suspect Located	<input type="checkbox"/> Suspect Disposed	<input type="checkbox"/> Suspect Identified
		<input type="checkbox"/> Suspect Named	<input type="checkbox"/> Suspect Vehicle Described
			State Has Follow Up

A. G. Investigation000439

EXHIBIT 16

[REDACTED]

From: [REDACTED] (DOJ)
Sent: Tuesday, May 24, 2005 11:24 AM
To: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

Okay, thanks.

-----Original Message-----

From: [REDACTED] (DOJ)
Sent: Monday, May 23, 2005 8:59 PM
To: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

No need to drive up to Wilmington. Your case, your call - I just need to know about it. Please run the case past [REDACTED], before you end the investigation. Let me know what transpires.

Thanks.

-----Original Message-----

From: [REDACTED] (DOJ)
Sent: Mon 5/23/2005 7:26 PM
To: [REDACTED] (DOJ)
Cc: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

[REDACTED], I am following up an e-mail from a few months ago. It looks like there are a # of people who believe that this pediatrician (Dr. Earl Bradley) engages in inappropriate behavior with children and may well be a pedophile. The police uncovered bizarre stories about him from other doctors, patients, and even from his own sister. He has a history, apparently, of conducting unusually long vaginal exams of children - but always, or so it appears, in the presence of other people. On at least one occasion the mother of a child [REDACTED] was present and became very upset because of the length of the examination, which she considered unwarranted.

Dr. Bradley also spends an inordinate amount of time playing with his juvenile patients, I mean just playing, nothing sexual, while other patients and their parents sit in his waiting room. This goes on to the point that his own staff becomes very frustrated with him.

It does not appear to me that we have enough to prosecute Dr. Bradley criminally - and the investigating detective agrees with this. There are all kinds of bizarre stories, and in the case which gave rise to the original report there may have been some kind of inappropriate touching or kissing - but I don't think we can prove what happened, and the defendant was only in the company of the (3 year old) child for a short time, with her mother in the next room. He did something that she didn't like, and it may have been criminal - but we can't prove it.

I am thinking that some kind of civil action such as a referral to the medical practice board would be more appropriate. I think that there have been complaints about this physician to hospitals in the past, but my understanding is that nothing ever really came of the complaints. From what I know, I don't think there was ever anything that could have been or should have been prosecuted criminally. I am not sure whether there has ever been a referral to the medical practice board.

A.G. Inv. 001086

Let me know if you need more details. I'd like to avoid driving up to Wilmington on this one -- but the detective and I will do that if you want.

-----Original Message-----

From: [REDACTED] (DOJ)
Sent: Thursday, March 31, 2005 4:37 PM
To: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

Please keep me posted!

-----Original Message-----

From: [REDACTED] (DOJ)
Sent: Thursday, March 31, 2005 4:05 PM
To: [REDACTED] (DOJ)
Subject: Potential high profile case

[REDACTED] I attended a CAC interview this morning involving a 3 year old who was allegedly "licked on her tongue" by her pediatrician. I was very skeptical before the interview, but after the interview both the investigating detective and I thought that the situation does warrant further investigation. The detective is going to follow up by interviewing a couple of people and then we are going to discuss the case again. I will forward a second e-mail to you which explains more about the facts of the case. Please let me know if you have any suggestions or comments. I am keeping this entirely confidential, even within the office.

A.G. Inv. 001087

EXHIBIT 17

From: [REDACTED] (DOJ)
Sent: Monday, May 23, 2005 8:59 PM
To: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

No need to drive up to Wilmington. Your case, your call - I just need to know about it. Please run the case past [REDACTED] before you and the investigation. Let me know what transpires.

Thanks.

-----Original Message-----
From: [REDACTED] (DOJ)
Sent: Mon 5/23/2005 7:26 PM
To: [REDACTED] (DOJ)
Cc: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

[REDACTED] I am following up an e-mail from a few months ago. It looks like there are a # of people who believe that this pediatrician (Dr. Earl Bradley) engages in inappropriate behavior with children and may well be a pedophile. The police uncovered bizarre stories about him from other doctors, patients, and even from his own sister. He has a history, apparently, of conducting unusually long vaginal exams of children - but always, or so it appears, in the presence of other people. On at least one occasion the mother of a child [REDACTED] was present and became very upset because of the length of the examination, which she considered unwarranted.

Dr. Bradley also spends an inordinate amount of time playing with his juvenile patients. I mean just playing, nothing sexual. While other patients and their parents sit in his waiting room. This goes on to the point that his own staff becomes very frustrated with him.

It does not appear to me that we have enough to prosecute Dr. Bradley criminally - and the investigating detective agrees with this. There are all kinds of bizarre stories, and in the case which gave rise to the original report there may have been some kind of inappropriate touching or kissing - but I don't think we can prove what happened, and the defendant was only in the company of the (3 year old) child for a short time, with her mother in the next room. He did something that she didn't like, and it may have been criminal - but we can't prove it.

I am thinking that some kind of civil action such as a referral to the medical practice board would be more appropriate. I think that there have been complaints about this physician to hospitals in the past, but my understanding is that nothing ever really came of the complaints. From what I know, I don't think there was ever anything that could have been or should have been prosecuted criminally. I am not sure whether there has ever been a referral to the medical practice board.

Let me know if you need more details. I'd like to avoid driving up to Wilmington on this one -- but the detective and I will do that if you want.

-----Original Message-----
From: [REDACTED] (DOJ)
Sent: Thursday, March 31, 2005 4:37 PM
To: [REDACTED] (DOJ)
Subject: RE: Potential high profile case

Please keep me posted!

-----Original Message-----

A.G. Inv. 001084

*S/25/05. Spoke w. [REDACTED]
yorkly. He will contact the med. board
Oa. with this report. He agrees. Please
let copy to private - [REDACTED]*

From: [REDACTED] (DOJ)
Sent: Thursday, March 31, 2005 4:05 PM
To: [REDACTED] (DOJ)
Subject: Potential high profile case

[REDACTED] I attended a CAC interview this morning involving a 3 year old who was allegedly "licked on her tongue" by her pediatrician. I was very skeptical before the interview, but after the interview both the investigating detective and I thought that the situation does warrant further investigation. The detective is going to follow up by interviewing a couple of people and then we are going to discuss the case again. I will forward a second e-mail to you which explains more about the facts of the case. Please let me know if you have any suggestions or comments. I am keeping this entirely confidential, even within the office.

A.G. Inv. 001085

EXHIBIT 18

Supplemental Report

Original Occurrence Date and Time:	Qdr	Secky
WED 03/30/2005 1130	136-160	
Original Location:		
601 N.N.Dupont HWY Bay Bee's Pediatrics Milford, DE 19953		

Original Victim Information

Victim Number	Name				
001	[REDACTED]				
Type	Sex	Race	Birth Origin	Age	O.O.B.
Individual	Female	White	Non-Hispanic	3	[REDACTED]
Address		Resident Status	Home Telephone	Employer/School	Work Telephone
[REDACTED]		Non Resident	[REDACTED]		
Reporting Person?	Victim Injured?	Victim Deceased?	Other Comments		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

Original Suspect/Defendant Information

Sequence	Type	SSN Number	Name	Nick Name				
001	Suspect	[REDACTED]	BRADLEY, EARL B					
Sex	Race	Birth Origin	Age	O.O.B.	Height	Weight	Skin Tone	Eye Color
Male	White	Non-Hispanic	51	05/10/1953	6' 00"	225		Blue
Hair Color	Hair Length	Hair Style	Facial Hair	Voice Speech	Tattoo	Scars	Glasses	
Brown			Full Beard					
Address		Home Telephone	Employer/School	Work Telephone				
[REDACTED]		[REDACTED]	BEEBE MEDICAL CENTER	[REDACTED]				
		LEWES, DE 19958						
Arrest Number	Suspect's Clothing Description							

Original Crime and Associated Information

Victim Number	Crime Seq	Statute	Crime Description
001	001	DE11:0601:00a1:1M:	Offensive Touching
Location Of Offense		Status	Implement
Drug Store/Dr. Office/Hospital		Pending-Active	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Motorist		Crime Code	General Offense
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		13134E - Offensive Touching/Other Assaults/Non-Aggravated	
Burglary Force Involved		Weapon/Firearm Used	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Personal Weapons/Hands/Feet	

Modified Crime and Associated Information

Victim Number	Crime Seq	Statute	Crime Description
001	001	DE11:0601:00a1:1M:	Offensive Touching
Location Of Offense		Status	Implement
Drug Store/Dr. Office/Hospital		Prosecution Declined 06/16/2005	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer
Suspected Motorist		Crime Code	General Offense
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - N/A		13134E - Offensive Touching/Other Assaults/Non-Aggravated	
Burglary Force Involved		Weapon/Firearm Used	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Personal Weapons/Hands/Feet	

Investigative Narrative

DAG [REDACTED] advised writer that he had spoken to his superiors about this case and together they decided that there would be no prosecution in this case. He further told writer that he would contact the AG who handles the Medical Board and advise them of this matter. Writer also contacted [REDACTED] who is an investigator with the professional licensing board and he told writer to have the victim and any other witnesses file a complaint with the medical board. Writer contacted the victim's mother and advised her how to do that. Writer also contacted Linda Barnea and advised her of this also. No further police action.

Reporting Officer	Pending Supervisory Review			
[REDACTED]				
Solvability Factors	<input type="checkbox"/> M.O.	<input type="checkbox"/> Thru Station Property	<input type="checkbox"/> Suspect Named	Status
<input type="checkbox"/> Witness	<input type="checkbox"/> Suspect Described	<input type="checkbox"/> Suspect Identified	<input type="checkbox"/> Suspect Vehicle Described	Closed
<input type="checkbox"/> Suspect Located				

A. G. Investigation000448

EXHIBIT 19

MEMORANDUM

To: All DOJ Personnel

From: Joseph R. Biden, III
Attorney General

Re: DOJ Policy on Reporting Medical Licensee Unprofessional Conduct

Date: May 7, 2010

Section 1731A of the *Medical Practice Act*, 24 Del. C. § 1731A, places upon *all State agencies* and *all law enforcement agencies* a *mandatory duty* to report, *in writing*, to the Board of Medical Practice any person with a *Delaware medical license* who the agency *reasonably believes is or may be guilty of "unprofessional conduct"* or may be unable to practice medicine with reasonable skill or safety to patients by reason of *mental illness* or *mental incompetence*; *physical illness*, including deterioration through the aging process or loss of motor skill; or *excessive use or abuse of drugs, including alcohol*.

The *Medical Practice Act* defines "*unprofessional conduct*" to include twenty-one (21) specified categories conduct. A reasonable belief that a medical licensee has engaged in *any* of these 21 specified categories of conduct triggers a mandatory duty to report that individual, *in writing*, to the Division of Professional Regulation. Such conduct includes, but is not limited to:

- A conviction of, or admission under oath to, having committed a crime substantially related to the practice of medicine. 24 Del. C. § 1731(b)(2).
- Any dishonorable, unethical, or other conduct likely to deceive, defraud, or harm the public. 24 Del. C. § 1731(b)(3).
- The use, distribution, or issuance of a prescription for a dangerous or narcotic drug, other than for therapeutic or diagnostic purposes. 24 Del. C. § 1731(b)(6).
- Misconduct, incompetence, or gross negligence in the practice of medicine. 24 Del. C. § 1731(b)(11).¹

Thus, Delaware law requires the Delaware Department of Justice ("DOJ") to make written reports about the conduct of doctors to the Board of Medical Practice under certain circumstances. The purpose of this policy is to clearly explain how this office will implement and ensure compliance with its mandatory duty to report doctors who are engaged in unprofessional conduct.

¹ A list of all twenty-one (21) categories of "unprofessional conduct" that must be reported is attached to this policy.

First, under the *Medical Practice Act*, this office has a mandatory reporting duty to report any reasonable belief that any licensed physician is engaged in any one of the twenty-one categories of unprofessional conduct.

Second, the circumstances described above that trigger the mandatory reporting requirement could arise in any DOJ Division. All Divisions handle some criminal prosecutions. The Criminal Division prosecutes doctors who commit crimes. The Family Division prosecutes doctors who engage in either domestic or extrafamilial child abuse, child neglect or conduct that endangers the welfare of a child. The Civil Division represents state agencies which employ doctors and is involved in litigation that often involves doctors, including false claims, malpractice, and tort litigation. The Fraud Division interacts with and/or investigates doctors frequently through the Medicaid Fraud Control Unit. Thus, personnel in all Divisions need to understand and follow the same procedures for reporting.

Third, it is important to understand that while section 1731A clearly states that reports of physician unprofessional conduct must be made to the Board of Medical Practice, the actual procedure in place for reporting also involves the Division of Professional Regulation, which serves as the investigatory arm of the all of Delaware's Title 24 professional licensing boards.² See 29 Del. C. § 8735. The instructions for filing a complaint as well as a downloadable "Statement of Complaint" form, is available online at <http://dpr.delaware.gov/boards/investigativeunit/filecomplaint.shtml> (Click on "Statement of Complaint"). A copy of the DPR complaint form as well as instructions for filing a report is attached to this policy.

Fourth, the section 1731A mandatory reporting law requires that all reports be made to the Division of Professional Regulation *in writing* and *within 30 days of becoming aware of the information that triggers the duty to report*. 24 Del. C. § 1731A(a). In order to ensure compliance with these requirements, all DOJ personnel shall follow the procedures detailed below.

Whenever a DOJ employee becomes aware of any information that creates a reasonable suspicion that a medical professional is or may be guilty of unprofessional conduct, that employee immediately shall report that suspicion up through his or her supervisory structure to the Division Head in the Civil, Family and Fraud Division and to the County Prosecutor in the Criminal Division. Specifically, the reporting employee must complete and forward a "Statement of Complaint" to each supervisor in that employee's chain of command (up the County Prosecutor in the Criminal Division and up to the Division Head in the Civil, Fraud and Family Divisions). The Division Head or County Prosecutor shall promptly and thoroughly review every employee Statement of Complaint. After the Division Head or County Prosecutor completes his or her review of the reporting employee's complaint, he or she must then forward that complaint to the Division of Professional Regulation so long as he or she agrees that there exists a reasonable suspicion that a medical professional has engaged in unprofessional conduct.

² <http://dpr.delaware.gov/default.shtml>

Where an employee complaint establishes a reasonable suspicion that a medical professional has engaged in unprofessional conduct but the Division Head or County Prosecutor has determined there is a compelling reason why the complaint should not be forwarded to the Division of Professional Regulation, the Division Head or County Prosecutor must document in writing why the complaint is not being forwarded. If the reason provided is an ongoing criminal investigation, the employee assigned to the criminal case is required to update the County Prosecutor as to the status of the investigation no less frequently than every thirty days so that the County Prosecutor can re-evaluate whether to forward the complaint to the Division of Professional Regulation.

Finally, although, as of the date of this memo, there are no other Delaware laws that require the DOJ to report any other professional licensee (*i.e.*, nurses, chiropractors, electricians, landscape architects, cosmetologists, dentists, *etc.*) to their respective Title 24 regulatory licensing board for unprofessional conduct, the DOJ always strives to adopt the best practice. In this context, the best practice is for employees to forward complaints of unprofessional conduct committed by non-medical professional licensed professional up the chain of command for reporting to the Division of Professional Regulation precisely as they would treat complaints of unprofessional physician conduct.